D TRADEMARK OFFICE
Group Art Unit: 2851
Examiner: Magda Cruz
hereby certify that this document is being deposited with the United States Postal Service as first class mail
n an envelope addressed to: MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 27, 2005.
Roxanne M. Swartz
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MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO JULY 28, 2005 OFFICE ACTION

Dear Sir:

This Amendment is submitted in response to the Office Action mailed July 28, 2005. Applicants respectfully request amendment of the patent application, and reconsideration and allowance of the pending claims.





TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/618,351			
Filing Date	July 11, 2003			
First Named Inventor	S. Umeya			
Group Art Unit	2851			
Examiner Name	Magda Cruz			
Attorney Docket Number	09792909-5652			

**	ENCLOSURES (check all that apply)							
Transmitted herewith is Response to July 28, 2005 Office Action.								
☐ The fee has been calculated as shown below:								
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE		
TOTAL CLAIMS	45	-	45	0	☐ x \$9.00 ☐ x \$18.00	\$0		
INDEPENDENT CLAIMS	3	-	3	0	☐ x \$42.00 ☑ x \$200.00	\$0		
	APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR.			☐ YES ☑ NO	x \$140.00 x \$280.00 ONE TIME	\$0		
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0		
Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated by _ month(s) for a fee of \$ so that the period for response is extended to under 37 C.F.R. § 1.321. The amount of \$ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed check. The amount of \$ for the Amendment under 37 C.F.R. § 1.312(b) is included in the enclosed check. The enclosed credit card payment form to charge the amount of \$ covers the additional claim fee. The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
14. \(\text{Customer No. 26263}\) \(\text{Olivortz}\)								
Dated: October 27, 2005 Alison P. Schwartz, (Registration No. 43,863)						43,863)		
CERTIFICATE OF MAILING								
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Dated: October 27, 2005

Roxanne M. Swartz